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## BIB DATA SHEET

CONFIRMATION NO. 2063

<b>SERIAL NUMBER</b> 10/668,241	<b>FILING or 371(c) DATE</b> 09/24/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 3734	<b>ATTORNEY DOCKET NO.</b> 2600/50002		
<b>APPLICANTS</b> Jacob Richter, Ramat Hasharon, ISRAEL; <b>** CONTINUING DATA *****</b> This application is a DIV of 09/532,653 03/22/2000 PAT 6,736,838 <i>yes, 11/1</i> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 12/20/2003						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <i>[Signature]</i> Examiner's Signature		<input type="checkbox"/> Met after Allowance <i>[Initials]</i>	<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 6	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> MORGAN & FINNEGAN, L.L.P. 3 WORLD FINANCIAL CENTER NEW YORK, NY 10281-2101 UNITED STATES						
<b>TITLE</b> Method and apparatus for covering a stent						
<b>FILING FEE RECEIVED</b> 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		